

**SUPPORT, CUSTODY, and/or
PARENTING TIME
(formerly known as “Visitation”)**

(RESPONSE/CROSS PETITION ONLY)

3

**To Make Someone
Obey A Court Order**

**Part 3: Respond to an Enforcement Petition
(Instruction Packet)**



SELF SERVICE CENTER

TO MAKE SOMEONE OBEY a COURT ORDER for SUPPORT, CUSTODY, and/or PARENTING TIME (formerly known as “Visitation”)

(INSTRUCTIONS ONLY)

RESPONSE ONLY

How to assemble these documents

This packet contains general information and instructions for enforcing an Order of Support, Custody and/or Parenting Time by Expedited Services.

Order	File Number	Title	No. Pp.
1	DRESE3it	Table of instructions in this packet	1
2	DRESE31i	Instructions: How to Fill Out the “ <i>Cross Expedited Process Request to Enforce</i> ”	3
3	DRESE31p	Procedures: What to do With the “ <i>Cross Expedited Process Request to Enforce</i> ” After You Have Filled It Out	2

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO FILL OUT THE "CROSS EXPEDITED PROCESS REQUEST TO ENFORCE"

USE THIS FORM only if you are trying to make someone obey a court order regarding child support, medical insurance coverage, spousal maintenance/support, custody, and/or parenting time (formerly known as "visitation"). **YOU DO NOT NEED TO USE THIS PAPERWORK TO FILE A RESPONSE.** However, this is your opportunity to request the court to consider additional issues not included in the "**Expedited Process Request to Enforce**" which you were served with. Match the numbered instructions to the numbers on the "**Cross Expedited Process Request to Enforce.**" **TYPE OR PRINT USING BLACK INK.**

- | NUMBER | INSTRUCTION |
|--------|--|
| (1) | YOUR name, address, home telephone number and DAYTIME telephone number (the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. or where a message may be left for you). If your daytime phone number is the same as your home phone number, enter your home phone number as your daytime phone number. |
| (2) | If you have NOT obtained the services of an attorney, check the box that says "Self". If you HAVE obtained the services of an attorney, the attorney must write YOUR name. |
| (3) | If you have obtained the services of an attorney, the attorney must provide his or her State Bar number. |
| (4) | If you are requesting enforcement of your child support order and you have an application with the State of Arizona, Department of Economic Security for enforcement of your child support order, list your ATLAS number. |
| (5) | Name of the party listed as the petitioner on the court order(s) you want to enforce or make the other party obey. |
| (6) | Name of the party listed as the respondent on the court order(s) you want to enforce or make the other party obey. |
| (7) | Superior Court of Arizona in Maricopa County Family Court case number listed on the court order(s) you want to enforce or make the other party obey. This number starts with " DR " or " D " or " FC. " |
| (8) | Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement. |
| (9) | Date that you were served with the " Expedited Process Request to Enforce ". |

The following instructions apply if you have marked one or more of the following boxes: Child Support, Child Support Arrearage Only, Medical Insurance Coverage and/or Spousal Maintenance/Support.

- (10) Date(s) of the order(s) you want to have enforced.
- (11) Name of the party who owes you child support, spousal maintenance/support **and/or** has not obtained medical insurance coverage.
- (12) Name of the judicial officer(s) who signed your order(s).
- (13) Amount of support the court ordered the other party to pay **and** the **EXACT** wording of the order(s) you want to have enforced. If you do not have a copy of your order(s), attempt to obtain a copy by going to Court Records located on the first floor of the Courthouse in Mesa, or the lower level of the Central Courthouse Building in Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (14) Total amount of support that is past due. To determine the past due amount:
A. Calculate the total amount of support which should have been **paid** to you to date;
B. Calculate the total amount of support you have **received** (including **direct** payments) to date;
C. **SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).
- (15) Time period for which you claim the past due support was not paid.
- (16) If you wish the court to consider an action which is not listed, state what the action is you wish the court to consider.

The following instructions apply only if you are asking to have a custody and/or parent/child access (parenting time) order enforced.

- (17) Date(s) of the order(s) you want to have enforced.
- (18) Name of the judicial officer(s) who signed your order(s).
- (19) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy at Court Records located on the first floor of the Courthouse in Mesa, or the lower level of the Central Court Building in Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (20) Name of the party whom you claim violated the order(s).
- (21) Write a **brief** summary describing how the terms of the order(s) were violated.
- (22) If you wish the court to consider an action which is not listed, state what the action is you wish the court to consider.

- (23)** Check the box to show whether you will mail, deliver or faxed a copy of this document to the other party. Then write in the other party's name.
- (24)** Write in the address you used to mail, deliver, or fax a copy of this document to.
- (25)** Sign only when you are before a Notary Public or Deputy Clerk of the Court. Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.

SELF SERVICE CENTER

PROCEDURES: WHAT TO DO WITH THE ***“CROSS-EXPEDITED PROCESS REQUEST TO ENFORCE”*** AFTER YOU HAVE FILLED IT OUT

USE THESE FORMS only if you have been served with an ***“Expedited Process Request to Enforce”*** and Order to Appear. You are **not** required to file a ***“Cross-Expedited Process Request to Enforce”*** unless you want the court to consider additional issues not included in the ***“Expedited Process Request to Enforce.”*** If you choose to file a ***“Cross-Expedited Process Request to Enforce”***, follow these procedures:

IF YOU ARE ASKING EXPEDITED SERVICES TO MAKE THE OTHER PARTY OBEY A COURT ORDER: You must meet the following criteria:

1. You must have an Arizona Order for child support, spousal maintenance/support, medical insurance coverage and/or parenting time (formerly known as “parent/child access” or “visitation”). You **may not** use this form if your support and/or parenting time order was **not** entered by an Arizona court. Out-of-state orders may be enforced in Arizona if you follow certain other procedures. You may wish to contact an attorney regarding such enforcement.
2. If you are requesting enforcement of support, the party court ordered to pay support must be behind in his/her support in an amount equal to one month’s worth of support;
3. If you are requesting enforcement of medical insurance coverage, the party court ordered to provide medical insurance coverage must not be providing coverage as ordered by the court.
4. If you are requesting enforcement of custody and/or parenting time, the other party must have violated a provision of the order for custody and/or parenting time.

Do **not** use this form to request a change (modification) in the terms of your support, medical insurance coverage and/or parenting time order. Do **not** use this form if you are trying to collect medical insurance co-payments and/or uninsured medical costs. You can pursue collection by filing court papers in the justice court if the amount is \$5,000.00 or less. You may wish to contact an attorney regarding collection.

TIME LIMIT. You have eleven (11) calendar days from the date that you were served with the ***“Expedited Process Request to Enforce”*** to file your ***“Cross-Expedited Process Request to Enforce.”*** For example: You are served with the ***“Expedited Process Request to Enforce”*** on the 15th day of the month. Your eleven (11) calendar days start on the 16th day of the month (do **not** count the day you were served). You would be required to file your ***“Cross-Expedited Process Request to Enforce”*** on or before the 26th day of the month. You may **not** file your ***“Cross-Expedited Process Request to Enforce”*** beyond the eleven (11) calendar days from the date of service.

COPIES. Make 3 copies of the ***“Cross-Expedited Process Request to Enforce.”*** Original for the court file, copy for you, and copy for the other party.

FILE THE PAPERS. File the papers with the Clerk of the Court located at the Superior Court:

201 West Jefferson, 1st Floor OR 222 E. Javelina, 1st Floor OR 14264 W. Tierra Buena Lane
Phoenix, Arizona 85003 Mesa, Arizona 85210 Surprise, Arizona 85374

NOTICE TO OTHER PARTY. Immediately upon filing your “***Cross-Expedited Process Request To Enforce***”, you are required to mail, hand deliver or fax a copy to the other party.